

## PEMBROKE PINES PD

☐ Original☒ Juvenile☐ Supplement/Current

Agency ORI FL0060800		<b>OFFENSE INCIDENT REPORT</b>				Agency Report Number 2012-060219			
Reported: Day Sunday		Date 07/29/2012	Time (mil) 12:30	Time Dispatched (mil)		Time Arrived (mil)		Time Completed (mil)	
# Off. 1	# Victims 1	# Offenders 1	# Prem. Ent 0	# Veh. Stolen 0	Incident: From	Day Friday	Date 07/27/2012	Time (mil) 22:00	Day Date
Incident Location 1150 HIBISCUS DR PEMBROKE PINES FL 33025						Geographic Indicator Tract AREA 1 / GRID 8			
Method of Operation					Description of Incident SIMPLE ASSAULT				
Location Type 19 JAIL/PRISON					Occupancy				
Offense 1	Type MISDEMEANOR	Description Simple Assault			Attempt/Complete C		NCIC/UCR Code 16	Forced Entry N/A	
Statute Violation Number: 784.03			Weapon Code: HANDS, FISTS, FEET						
Offense Indicator	V/W Code # VICTIM	V. Type JUVENILE		Juvenile Yes	Name (Last, First, Middle)			Suffix	
Address (Street, Apartment Number)				City	State	Zip		Residence Phone	
Other Contact Info (Time Available, Interpreter)					Synopsis Of Involvement VICTIM OF A BATTERY			Business Phone	
Race WHITE	Sex MALE	DOB	Age 15	Res. Type County	Res. Status Full Year	Extent of Injury	Injury Type N/A	Relationship OTHER KNOWN	
Occupation STUDENT	Employer/School			Address			SSN		
Driver's License (State and Number)		Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC		
Height	Weight	Eye Color	Hair Color		Hair Length		Hair Style		
Complexion	Build	Facial Hair	Teeth		Speech/Voice		Ethnicity NON-HISPANIC		
Offense Indicator	Involvement Type SUSPECT	Juvenile No	Name (Last, First, Middle) MILLER, ADRIAN JASON			Suffix		Suspect Code SUSPECT	
Address (Street, Apartment Number) 17720 NW 11 AVE			City MIAMI GARDENS		State FL	Zip 33169-	Residence Phone 786-506-0145		
Maiden Name		Nickname/Streetname			Place of Birth		Business Phone		
Race BLACK	Sex MALE	DOB 11/27/1979	Age 32	Clothing		Res. Type Florida		Res. Status	
Occupation PROFESSIONAL	Employer/School THOMPSON ACADEMY			Address 1150 HIBISCUS DR			SSN		
Driver's License (State and Number) FL M460010794270		Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC		
Height 507	Weight 165	Eye Color 2 BROWN	Hair Color 1 BLACK		Hair Length SHORT		Hair Style 08 PROCESSED		
Complexion	Build LIGHT	Facial Hair	Teeth		Speech/Voice		Ethnicity NON-HISPANIC		
Special Identifiers						Immigration/Naturalization #			
Incident Type		Foul Play?	Missing Before?	Fingerprints?	Photo Available?	Dental Record?	MCIC Form?		
Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St.)					
Accompanied By									
Mental/Physical Condition			Medication Required/Type			Doctor/Dentist (Name, Phone Number)			
Property Carried									
Recovery Information									
Type	Description	Status	Quantity		Measure		Street Value		
Activity 1		Activity 2			Activity 3				

VEHICLE

PROPERTY WEAPON

NARRATIVE

STATUS

Related To:			Status Code			Damage Code			Type		
Veh. #	Year	Make			Model			Style		VIN/Hull Number	
Tag Reg./Doc. #		Plate State	Plate Year	Reg. State	Reg. Year	Decal Number			Tag Type		
Condition			Insurance Company			Lien Holder			Estimated Value		
Color					Description (Identifying Characteristics Noticeable Damage, Interior Color, Etc.)						
Vessel Name		Length			Hull Material			Propulsion		Boat Type	
Recovery Loc.						Recovery Code					
Recovery Address/Geographic Indicator							Date Recovered		Value Recovered		
Method of Theft					Original Reporting Agency						
Report Number				Hold				Reason/Authority			
Components Stripped											
Towed By				Storage Location				FCIC/NCIC			
Person Code	Item #	Damage Code			Type			Status			
Quantity	Name			Brand			Make		Model		
Serial Number/Hull Number				Owner Applied Number							
Description (Size, Color, Caliber, Barrel Length, Etc.)											
Value \$		Value Recovered \$				Date Recovered			FCIC/NCIC		
Related To:				Status				Type			
Bank/Card Issuer				Account Number				Document/Serial Number			
Printed Name				Payable To				Face Signature			
Endorsement				Other Name(s)				Service/Property Received			
ID. Type		ID. No.			Document Date			Amount			
<p>*****</p> <p>Narrative Title:</p> <p>Date Entered: 8/6/2012 8:35:19 AM</p> <p>I MET WITH THE REPORTEE(BARNES) WHO IS AN INVESTIGATOR WITH CPIS.</p> <p>THE INTAKE REPORT ADVISED THAT THE VICTIM WAS CHOKED BY A STAFF MEMBER ON 07/27/12. NO REPORTED INJURIES. SEE ATTACHED INTAKE REPORT.</p> <p>AFTER INTERVIEWING IT WAS DETERMINED THAT THE STAFF MEMBER WAS THE ABOVE LISTED SUSPECT(MILLER). MILLER AND GROOM ARE YOUTH COUNSELORS AT THE THOMPSON</p>											
Report Contains INTAKE REPORT, WRITTEN STATEMENTS FROM THOMPSON AC						Related Report Number(s)					
Officer Name/ ID HESS, JOHN / 0243			Reporting Officer/ID HESS JOHN / 0243			Unit B12			Date 8/6/2012 8:34:32 AM		
Officer Reviewing (If Applicable) COVINO, JOSEPH		ID. Number 0234	Routed To		Referred To		Assigned To		By		
Case Status FURTHER INVESTIGATION		Clearance Type			Date Cleared		Number Arrested 0				

Agency ORI  
FL0060800

# Incident Offense Report Other Persons Involved

Agency Report Number  
2012-060219

Others

Offense Indicator	Involvement Type PARENT	Juvenile No	Name (Last, First, Middle) WATERS, CHRISTINE		Suffix		Suspect Code	
Address (Street, Apartment Number) 5448 NE 4 AVE			City OAKLAND PARK	State FL	Zip 33334-	Residence Phone 954-766-4166		
Maiden Name		Nickname/Streetname		Place of Birth			Business Phone	
Race WHITE	Sex FEMALE	DOB 5/12/1968	Age 44	Clothing		Res. Type	Res. Status	
Occupation		Employer/School		Address			SSN	
Driver's License (State and Number)		Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC	
Height	Weight	Eye Color	Hair Color		Hair Length	Hair Style		
Complexion	Build	Facial Hair	Teeth		Speech/Voice	Ethnicity NON-HISPANIC		

Others

Offense Indicator	Involvement Type REPORTTEE	Juvenile	Name (Last, First, Middle) BARNES, ERIC		Suffix		Suspect Code	
Address (Street, Apartment Number) 359 N STATE RD 7			City PLANTATION	State FL	Zip 33317-0000	Residence Phone 954-327-2723		
Maiden Name		Nickname/Streetname		Place of Birth			Business Phone 954-797-5299	
Race WHITE	Sex MALE	DOB 2/22/1972	Age 00	Clothing		Res. Type	Res. Status	
Occupation		Employer/School		Address			SSN	
Driver's License (State and Number)		Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC	
Height	Weight	Eye Color	Hair Color		Hair Length	Hair Style		
Complexion	Build	Facial Hair	Teeth		Speech/Voice	Ethnicity NON-HISPANIC		

Others

Offense Indicator	Involvement Type OTHER	Juvenile No	Name (Last, First, Middle) GROOM, SAMARA		Suffix		Suspect Code	
Address (Street, Apartment Number) 1150 HIBISCUS DR			City PEMBROKE PINES	State FL	Zip 33025	Residence Phone 561-396-5009		
Maiden Name		Nickname/Streetname		Place of Birth			Business Phone	
Race BLACK	Sex FEMALE	DOB 1/13/1988	Age 24	Clothing		Res. Type	Res. Status	
Occupation		Employer/School		Address			SSN	
Driver's License (State and Number)		Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC	
Height	Weight	Eye Color	Hair Color		Hair Length	Hair Style		
Complexion	Build	Facial Hair	Teeth		Speech/Voice	Ethnicity NON-HISPANIC		

NARRATIVE

\*ACADEMY.

THE THOMPSON ACADEMY OBTAINED WRITTEN STATEMENTS FROM . , MILLER, AND GROOM AT THE TIME OF THE INCIDENT. SEE ATTACHED STATEMENTS.

MILLER ALSO COMPLETED A THOMPSON ACADEMY INTERNAL INCIDENT REPORT. SEE ATTACHED.

BARNES AND I REVIEWED THE CCTV FOOTAGE OF THE INCIDENT. THE FOOTAGE CLEARLY SHOWS MILLER GRABBING SHIRT AND THEN CHOKING . FOR A FEW SECONDS BEFORE GROOM ATTEMPTED TO PULL MILLER OFF . MILLER CONTINUED TO TRY AND GRAB

GROOM WAS ABLE TO GET BACK INTO HIS ROOM. MILLER WAS STILL TRYING TO GRAB . SEVERAL OTHER YOUTH CAME OUT OF THERE ROOMS TO ASSIST HOLDING MILLER BACK UNTIL ADDITIONAL STAFF RESPONDED.

A COPY OF THE CCTV FOOTAGE WILL BE MADE. THE THOMPSON ACADEMY ADVISED THAT THEY HAVE PLACED MILLER ON UNPAID LEAVE. THE THOMPSON ACADEMY WILL CALL THE PEMBROKE PINES POLICE DEPARTMENT WHEN THE CCTV FOOTAGE IS COPIED.

MOTHER, WAS AT THE THOMPSON ACADEMY TODAY TO VISIT I MET WITH WHO ADVISED THAT SHE DOES WISH TO PROSECUTE.

I ATTEMPTED TO CONTACT MILLER WITH NEGATIVE RESULTS.

N/C

**Barney, Michael**

**From:** Sheri Groover [sgroover@ppines.com]  
**Sent:** Wednesday, August 15, 2012 9:29 AM  
**To:** Barney, Michael  
**Subject:** Work Order: W030553-081412:: W030553-081412

Reference No: W030553-081412  
Request Status: Assigned  
Service Request Type: POLICE REPORTS  
Priority: Routine  
Assigned To: Sheri Groover  
Customer Email: kirkham@huffingtonpost.com  
Name: Chris Kirkham  
Create Date: 8/14/2012 5:22:17 PM  
Update Date: 8/14/2012 6:12:28 PM  
Last Reviewed: 8/15/2012 8:27:58 AM  
Source: Web  
Date of Incident: 7/18/2012  
Address or Location of Incident: 1150 Hibiscus Drive

Report No. 2012-057255 ✓ Coded (46) - CAD  
Preferred Communication Method:: E-mail

8/15/2012

**Computer Assisted Dispatch****Call Detail Information**

<b>Call Number</b>	<b>Class</b>	<b>Taker</b>	<b>Pos</b>	<b>Call Owner</b>	<b>Status</b>	<b>Date-Time-Received</b>	<b>Inj</b>
2012-075046	C	kgarcia	11	no data	C	2012-07-18 14:12:30	0
<b>Complaint</b>	<b>Ten Code</b>	<b>Priority</b>	<b>ESN</b>	<b>Disp Zone</b>	<b>IRA</b>	<b>How Received</b>	
CHLD ABS INV	S16	2	no data	69	1500	no data	
<b>Incident Location</b>	<b>Apartment/Suite</b>	<b>Floor/Bldg</b>	<b>Incident City</b>				
1150 HIBISCUS DR	no data	no data	PEMBROKE PINES				
<b>Caller Name</b>	<b>Fire Run Zone</b>	<b>Fire Grade</b>	<b>EMS Run Zone</b>	<b>Telephone</b>	<b>Jurisdiction</b>		
	PINES	no data	PINES		PEMBROKE		
<b>Tract</b>	<b>33</b>	<b>Weapons</b>	<b>no data</b>				
<b>Images</b>	<b>BOLO</b>	<b>Warrant</b>	<b>Medical</b>	<b>Hazard</b>	<b>Fire Plan</b>	<b>Previous</b>	
<b>CallRec'd</b>	<b>Xmit</b>	<b>Dispatch</b>	<b>Enroute</b>	<b>OnScene</b>	<b>Departed</b>	<b>Arrived</b>	<b>Comp</b>
14:12:30	14:13:51	14:16:23	14:16:51	14:42:25	no data	no data	15:33:24
<b>AlarmCode</b>	<b>Unit</b>						
no data	B11						

**Narrative...**

[7/18/2012 15:33:19 : pos3 : YBETHHELP]  
REF TO CASE 54716

[7/18/2012 14:13:51 : pos11 : kgarcia]

Landmark Comment: \*\*\*SEND PD TO ALL CALLS FOR WRITTEN REPORT\*\*\*

Landmark: THOMPSON ACADEMY

Cross streets: S PALM DR/W CYPRESS DR

NBH: Howard C Forman Health Park

\*\*\*\*\*INITIAL\*\*\*\*\*

WILL BE INSIDE THE THOMPSON ACADEMY

**Press Release Notes**

no data

**Location Comment**

Landmark Comment: \*\*\*SEND PD TO ALL CALLS FOR WRITTEN REPORT\*\*\*

NBH: Howard C Forman Health Park

**Department Numbers**

Department	Dept Number	Unit ID
PPPD	1207-056723	B11

**Department/RMS OCA Numbers**

Department	OCA Number	RMS Jurisdiction
PPPD	2012-057255	FL0060800

**Call Dispositions**

Date - Time	Disposition
2012-07-18 15:33:21	46 - ASSISTANCE RENDERED
2012-07-18 15:33:21	ASSISTANCE RENDERED

**Call Log**

Unit	Status	Date - Time	Dept	Type	Comments	Officers	Odometer
B11	DIS	2012-07-18 14:16:23	PPPD	POL	1150 HIBISCUS DR, PEMBROKE PINES	254	0
B11	ENR	2012-07-18 14:16:51	PPPD	POL	1150 HIBISCUS DR, PEMBROKE PINES	254	0
B11	ONS	2012-07-18 14:42:25	PPPD	POL	1150 HIBISCUS DR, PEMBROKE PINES	254	0
B11	no data	2012-07-18 15:33:20	PPPD	POL	Primary Unit	254	0
B11	COM	2012-07-18 15:33:23	PPPD	POL	COM	254	0

Unit	Dept	DIS	ENR	ONS	LEF	ARR	BUS	REM	COM
B11	PPPD	14:16:23	14:16:51	14:42:25	no data	no data	no data	no data	15:33:23